

Assessing For Suicide

Risk Assessment & Disposition for Detainees

Learning Objectives

Participants will be able to:

- Apply a systematic approach to assessing suicide risk in detainees
- Document risk assessment & prevention plan based on level of risk
- Establish appropriate level of observation according to suicidal risk

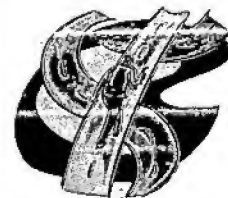
HELPER Risk Assessment System*

- H** = Historical Factors
- E** = Environmental Factors
- L** = Lethality of Suicidal Thoughts/Behavior
- P** = Psychological Factors
- E** = Evaluation of Suicide Risk Potential
- R** = Reporting Your Findings

*Resource: *How To Identify Suicidal People, A Systematic Approach To Risk Assessment*, Thomas W. White, PhD
Permission Granted for use by U. S. Public Health Service

What Is HELPER*?

***A Guide To Ensure That Complete
Relevant Data For A Thorough Suicide
Assessment Is Obtained***



HELPER SYSTEM: 3 Phases*

- **Phase I: Collection of Data**
- **Phase 2: Analysis of Data**
- **Phase 3: Documentation of Data**

Phase I: Collection of Data – HELPER*

Collect data related to suicide risk factors

H = History

Personal & family

E = Environmental Factors

Demographic, stressors, social support systems

L = Lethality of Suicidal Thoughts/Behavior

Intent to die, Suicide Plan, Access to/Knowledge of Means

P = Psychological Factors

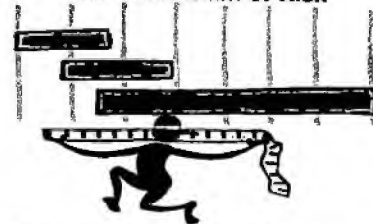
Suicidal Ideation, Cognitive Style

Phase II: Analysis of Data (Evaluate)

- Evaluate risk of suicide: Low, medium, high

Phase II: Analysis of Data - HELPER*

The Continuum of Risk



Determine Where The Client's Self Destructive Thinking/ Behavior Lies Based on Information Gathered in Phase I

Suicide is generally a gradual process that consists of behaviors that progress along a continuum from non-lethal to deadly

Phase III: Documentation of Data HELPER*

- Report your findings
- Document client's potential for suicide and your rationale for this determination



H = Historical Factors

Personal History

- **H/O Psychiatric Disorders**
 - Was a Dx made? If so, when?
 - Did detainee receive Tx?
 - What was the Tx?
 - How long did it last?
 - Was detainee hospitalized?
 - Was it voluntary or involuntary?

H = Historical Factors

Personal History

Analyze Factors Related to H/O Suicide Attempts

- Lethality of attempt
- Seriousness of intent to die
 - Thwarted attempts
 - Non-lethal attempts
 - Manipulation
 - Cry for help
 - Attention & recognition

H = Historical Factors

Family History

- Mental Illness
- Suicide
 - Family View of Idea of Suicide
 - Impact of Family Suicide
 - Detainee's reaction
 - What was learned?
- Substance Abuse
- Dysfunction
 - Divorce/Separation
 - Conflict/Stress
 - Family Violence
 - Physical & Sexual Abuse

H = Historical Factors

The Big Picture

- H/O high risk behaviors & events or mental illness?
- H/O suicide attempts, other family dysfunction?
- If so, how does this affect detainee's suicide potential?
- Detainee have psychiatric D/O? Affective D/O ?
- Life stressors
 - Interpersonal loss, legal problems?
 - First time away from home country?

E = Environmental Factors

Demographics

- Gender
- Age
- Race
- Marital Status
- Illness
- Unemployment

E = Environmental Factors

Life Events & Circumstances

- **Losses due to detention**
 - Freedom
 - Contact with family & friends-temporary or permanent
 - Possessions, comforts, & familiarity of home
 - Privacy & control over many aspects of life
 - e.g., Told when to get up, what to wear, when to eat, when to go to bed; no private showers
 - Loss of self-esteem (names like detainee, criminal, alien)
 - Loss of many opportunities
 - Loss of significant others
 - Loss of family support

E = Environmental Factors

Life Events & Circumstances

- **Subjective nature of Stress**
 - Detainee's feelings of being able to cope
 - Level of hopelessness
 - Ability to handle change
 - Perception of how others see them
- **Social Support Systems**
 - **Past:** family, friends, environment
 - **Present:** situation-peer support

L = Lethality

- **Intent:** Desire to die
- **Plans:** Strategy to die
- **Means:** Access to means to die
- **Knowledge:** Information and skills needed to die



LETHALITY = Intent to die x (Plan + Means + Knowledge)

L = Lethality



- **EXPLORE** detainee's reaction to past suicide attempts
- **CONSIDER** motivation:
 - ASK why they want to die
 - **CONSIDER** alternative motives
 - Manipulation
 - Cries for help

L = Lethality

Self-Mutilation: Not a suicidal behavior

- Relieve strong feelings of tension
- Obtain self-control
- Obtain sense of identity
- Regain sense of normalcy after emotional numbing has resulted in feeling estranged
- Manipulate others
- Express self-hatred
- Enhance sexual feelings
- Experience euphoria
- Vent feelings of anger & frustration
- Relieve feelings of stress & tension
- Relieve feelings of alienation



L = Lethality

Ambivalence & Cognitive Dissonance

- Ambivalence about living or dying
- Inner conflict remains until detainee makes a decision whether to live or die
- Once decision for suicide is made, person may feel calm; dissonance is low



**Resolution of Dissonance
Detainee's Decision to Die = Higher Risk**

L = Lethality

EVALUATE The Suicide Plan

- How specific is the plan? (place, time, method)
- Does detainee have access to means?
- Is the method lethal and effective?
- Knowledge of how to use the means?
- Has plan been rehearsed?
- Have precautions been taken to avoid rescue or discovery?

P = Psychological Factors

Psychiatric Disorders and Suicide

- Major Affective Disorders
 - Depression
 - **Bipolar Disorder = * HIGH RISK**
- Greater risk of suicide than any other psychiatric group
- Substance Abuse
- Schizophrenia
- Personality Disorders & Suicide
- Suicidal Delusions
- Borderline, Narcissistic & Antisocial
- Personality Disorders

P = Psychological Factors

Suicidal Ideation

- Approaching the subject of suicide
- Patient's response to the clinician
Tries to be helpful vs. angry & hostile
- Verbal Communications about Suicide & Death
 - Indirect statements
 - Direct statements

P = Psychological Factors

Assessing Content of Suicidal Ideation

- Ask specifically about frequency, duration & intensity of suicidal ideation
 - Has detainee just started thinking about suicide or has he progressed to the point of being determined to kill himself?
- Suicidal Fantasies
 - Consider effect of their death on others
 - Escape from undesirable situation (detention or deportation)
- Suicidal Planning
 - Details worked out
 - A new resolve; calm
 - Preoccupied with plan; begin to socially withdraw

P = Psychological Factors

Cognitive Style

- Detainee's ability to communicate
- Dysfunctional Assumptions
 - Irrational Beliefs
 - Dichotomous Thinking
 - Depressinogenic Attitudes
 - Neurotic Perfectionism
 - Self-oriented & socially prescribed perfectionism

P = Psychological Factors

Cognitive Style *Continued*

- Mental Status
- Self-Perception
- Future Orientation: Hopelessness
 - Negative expectation/hopelessness for the future
 - better predictor of risk than depression
- Beliefs about Suicide & Death
 - Personal & Cultural beliefs
 - Religious prohibitions
 - May cause some to hesitate in considering suicide

E = Evaluation of Suicide Risk Potential

Suicide Assessment *... and weather forecasting*



- Recommend categorical approach
- Evaluator establishes window of time for validity of assessment (based on current conditions)

4 Categories of Suicide Risk

- No Risk to Minimal Risk
- Low Risk
- Moderate Risk
- High to Extreme Risk

E = Evaluation of Suicide Risk Potential

No Risk/Minimal Risk

- Show no apparent risk factors & there is no reason to assume they will kill themselves at present
- May have vague ideation of death and/or suicide verbalized; be sure to assess motivation for these thoughts

E = Evaluation of Suicide Risk Potential

Low Risk

- o May have engaged in self-destructive behavior, but usually without suicidal intent; usually of minimal lethality
- o May include self-harm for manipulation, to call attention to self or cry for help
- o Self-mutilators with no desire to die, especially if behavior is chronic
- o People at low risk may present with dysfunctional family Hx, recent devastating loss or other current stressor & H/O depression or drug abuse

E = Evaluation of Suicide Risk Potential

Moderate Risk

- o Hx of self-destructive behavior without suicidal intent but with moderate to high lethality
- o Suicidal intent with attempts of low lethality
- o Family Hx of major dysfunction, incl. parents with psychiatric disorders & substance abuse problems who attempted or completed suicide
- o Experienced physical &/or emotional abuse
- o *May also have:*
Psychiatric Dx, recent stressors, lack of support systems, easy access to lethal means & a crude suicide plan

E = Evaluation of Suicide Risk Potential

High to Extreme Risk

- o Usually engaged in self-destructive behavior with serious suicidal intent & moderate to high lethality or have engaged in less lethal behavior but have ongoing suicidal intent
- o Multiple risk factors combined in a volatile cluster
Risk factors include:
 - H/O chronic suicide attempts with increasing lethality & intent
 - H/O psychiatric illness (esp. schizophrenia & bipolar disorders)
 - Significant levels of internal or external stress
 - Progressive isolation from family & friends, and
 - An accelerated effort to develop an effective suicide plan

R= Reporting Your Findings

- o How much information to include
- o Be objective; rely on facts, not conjecture
- o Verify accuracy of the information when possible
- o Never alter your documentation
- o Document according to nat'l & local SOP's

Suicide Watch

- o Patients threatening suicide are considered emergencies.

